

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12537

State File No.

Registrar's No. **2837**

FILED MAR 31 1953

318

PRIMARY REG. DIST. NO. **1003**

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

St. Louis Mo

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **ST. LOUIS**

c. LENGTH OF STAY (in this place)
7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION
The Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Mo

b. COUNTY

ST. LOUIS

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **HOUSE SPRINGS**

d. STREET ADDRESS (If rural, give location)
1500

3. NAME OF DECEASED (Type or Print)

a. (First)

Harry

b. (Middle)

Shay

c. (Last)

Wilson

4. DATE OF DEATH

(Month) (Day) (Year)

March 14 1953

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
DIVORCED 3

8. DATE OF BIRTH

Nov. 26 1897

9. AGE (In years last birthday)

55

IF UNDER 1 YEAR

Months Days

3 19

IF UNDER 24 HRS.

Hours Mins.

U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and State or Foreign Country)

Jefferson County

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Vander Wilson

13b. MOTHER'S MAIDEN NAME

alice McCulloch

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

none

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

none

17. INFORMANT'S SIGNATURE OR NAME

Hattie Pruitt, St. Clair Mo

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Cardiac failure cause undetermined

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

25 yrs.

72 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

7955

22. I hereby certify that I attended the deceased from **3/7 1953**, to **3/14 1953**, that I last saw the deceased alive on **3/14 1953**, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE

Miss Alex M.D.

(Degree or title)

23b. ADDRESS

601 Humboldt Bldg

23c. DATE SIGNED

3/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

march 17 1953

24c. NAME OF CEMETERY OR CREMATORY

BETHLEHEM Cemetery

24d. LOCATION (City, town, or county)

Grubville

(State)

Mo

DATE REC'D BY LOCAL REG.

MAR 16 1953

REGISTRAR'S SIGNATURE

J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Sherwood W. Kitchell, St. Clair Mo

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

Direct Cause of Death could not be determined. to be mailed later, after microscopic studies.

PERMANENT RECORD - USING UNFADING BLACK INK - MAKE

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Sherwood W. Kitchell

Licensed Embalmer No. *3783*

P. O. Address *St. Clair Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.